| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 7 | JC 873 | 03-06-01 |
| RESPONSE FORMALITY REVIEW | | nJ30 | 10-18-9 |
| | M.D. | 625 | 0b-02-02 |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ................................. Rejected | N | ................................. Non-elected |
| = | ................................. Allowed | I | ................................. Interference |
| – | (Through numeral)... Canceled | A | ................................. Appeal |
| ÷ | ................................. Restricted | O | ................................. Objected |

Claim grids (Final / Original / Date), claims numbered:

Column 1: 1–50
Column 2: 51–100
Column 3: 101–150

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)